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5. The combination of claim 1 wherein the haptics have thickness that is small proximate said hinge connection, and that is larger than the thickness proximate said hinge connection along major lengths thereof.

6. The lens unit of claim 1 wherein said lens has a length is elongated lengthwise and has a width smaller than said length.

7. The lens unit of claim 1 wherein said lens has a clear transparent medial zone, and is light-occluding outwardly of said medial zone.

8. The lens unit of claim 7 wherein said lens has a length, medial zone is elongated, along the length of the lens.

9. The lens unit of claim 7 wherein said clear medial zone has length between about 5 and 8 mm., and has width between 2 and 4 mm.

10. A method of providing for variable focal point positioning of the artificial lens unit of claim 1 in the eye that includes providing the lens unit of claim 1 and inserting the claim 1 lens unit in and positioning it in said eye capsular eye lens zone.

11. The method of claim 10 wherein said haptics terminals are fitted against interior edge extents of said capsular zone.

12. The method of claim 11 wherein said haptics are variably constrained inwardly toward said axis by eye muscle induced movement of said edge extents of said capsular zone, to variably and correspondingly displace the lens axially.

13. The method of claim 11 wherein said haptics have sideward protrusions operable to engage eye tissue and resist lens unit rotation.

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14. A method of providing for variable focal point positioning of an artificial lens in the eye, which includes

a) providing a plastic lens with a light refracting optical portion defining a axis, and

b) providing filamentary lens haptics having respective hinge connections to the lens at locations of tangential merging with the lens for positioning said lens in an eye capsular zone from which a vertical lens has been removed,

c) and including placing the lens and haptics in said eye capsular zone, and said haptics provided to extend at angles relative to a plane normal to said axis and passing through said lens, and characterized in that said lens is displaced in the direction of said axis by said haptics in response to eye muscle constriction of the periphery of said capsular zone toward said axis, thereby to maintain light ray focusing and the eye retina.

15. The method of claim 14 including positioning said lens and haptics in said capsular zone so that said haptic angularity remains when the haptics peripheries engage interior edge extents of said capsular zone, whereby said haptics are variably constrained inwardly toward said axis by said edge extents of said capsular zone to variably and correspondingly displace the lens axially, in response to said eye muscle constriction of the periphery of said capsular zone toward said axis.

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